PUBLIC HEALTH EMERGENCY PREPAREDNESS SUPPLEMENT
PANDEMIC INFLUENZA PREPAREDNESS COOPERATIVE AGREEMENT
AA154, CFDA 93.283

SOUTH CAROLINA PROGRAM NARRATIVE
PHS 5161-1: 6. [c] SUPPLEMENTAL REQUEST

1. EXECUTIVE SUMMARY: Influenza Pandemic Preparedness Planning in South Carolina

South Carolina has a state-level pandemic influenza preparedness plan. The current pandemic preparedness plan was incorporated in the South Carolina Emergency Operations Plan in November 2004. The next update of the State Emergency Operations Plan will be distributed in April 2006 and will incorporate a slight change to identify pandemic phases in terms consistent with the US Department of Health and Human Services plan and the World Health Organization pandemic preparedness documents. The state-level pandemic plan was tested in a series of tabletop exercises sponsored by Emergency Management Division in February 2006. Representatives from each of the State Emergency Response Team Emergency Support Functions participated in the series of three tabletop exercises. Additional roles and tasks have been identified for many of the state agencies. The After-action Report for the series of exercises is being compiled by Emergency Management Division and will be distributed in April 2006.

State-level Emergency Operations Plans in South Carolina are coordinated through South Carolina Emergency Management Division. Emergency Management Division organizes its operations under an Emergency Support Function structure and maintains all-hazards planning as a foundation for emergency operations planning. As a result, most pertinent information regarding a public health response to any disaster can be found in Annex 8, Health and Medical of the State Emergency Operations Plan. Additionally, there is a State Mass Casualty Plan that is Attachment H, Annex 25 of the State Emergency Operations Plan. The State Mass Casualty Plan covers the state government response to any incident that generates a significant number of casualties. Supporting tabs for the State Mass Casualty Plan include: Strategic National Stockpile, CHEMPACK, Pandemic Influenza, and Smallpox.

Health and Medical response as outlined in Annex 8 includes four broad categories of public health support: Medical Care, Public Health and Sanitation, Behavioral Health, and Deceased Identification and Mortuary Services. Each of those functions will have a role in response to an Influenza pandemic. Medical Care refers to emergency medical services (including field operations and first responders), resident medical and dental care, doctors, nurses, technicians, pharmaceuticals, supplies, equipment, hospitals, clinics, planning and

operation of facilities, and services. Public Health and Sanitation refers to the services, equipment, and staffing essential to protect the public from communicable diseases and contamination of food and water supplies; development and monitoring of health information; inspection and control of sanitation measures; inspection of individual water supplies; disease vector and epidemic control; immunization; laboratory testing. Behavioral Health, including crisis counseling and psychological first aid, refers to the professional personnel, services, and facilities to relieve mental health and/or substance abuse problems caused or aggravated by a disaster or its aftermath. Deceased Identification and Mortuary Services refers to the identification and disposition of human remains.

The Pandemic Influenza-specific response plan (Tab 2, Attachment H, Annex 25) section of the State Emergency Operations Plan addresses five more general categories of public health response in specific detail. The additional categories are: communication of medical information, disease surveillance, vaccine programs, distribution of medications, public health authority and disease control.

Communication of medical information refers to both the information flow within the public health community and the provision of critical information to the public. Disease surveillance refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize its transmission. Vaccine programs refers to acquisition, allocation, distribution, and administration of influenza vaccine, and monitoring the safety and effectiveness of influenza vaccinations. Distribution of medications refers to the acquisition, apportionment, and dispensing of pharmaceuticals (other than vaccines) to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics. The plan addresses priority allocation of scarce resources such as vaccines and medicines in accordance with national priorities. Public health authority and disease control refers to the aspects of pandemic response requiring executive decisions such as:

- ordering and enforcing *quarantine*, which is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious;

- ordering and enforcing *isolation*, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;

- ordering the release of medical information for epidemiological investigation;

- expanding or lifting regulations and licensure requirements to allow for the expansion of medical services; and

- ordering expansion of medical services under emergency conditions

- issuing other lawful directives in support of the response.

There are eight public health regions in South Carolina. Each of the public health regions with supporting County Health Departments is a part of the South Carolina Department of Health and Environmental Control. As a result of the state-level control of the public health regions, the state-level plan addresses the regional and county-level public health response to influenza pandemic. In order to specifically address regional and county-level issues related to a pandemic response, the regional public health offices have been given a regional pandemic influenza plan template. The regional public health preparedness planners are partnering with county health departments and county emergency management officials in their regions to further define the county-level response to a pandemic.

Both the state-level and region-level plans are supported by Standard Operating Procedures that describe how each of the tasks identified in the plans will be accomplished. The standard operating procedures include documents such as agency policies, organizational charts reflecting the National Incident Management System and Incident Command System requirements, standing orders, and contingency health regulations.

South Carolina's private sector, including hospitals, major utilities and other businesses in the state has been working toward more comprehensive pandemic preparedness through representation on the state Pandemic Influenza Coordinating Committee. The committee is made up of our statewide planning partners that includes representatives from local communities, schools and universities, hospitals and health care providers, not-for-profit organizations, government agencies, National Guard, business, and the Catawba Indian Nation.

In addition to the efforts outlined above, the University of South Carolina's Center for Public Health Preparedness is currently operating the third cohort year of its Academy for Public Health Emergency Preparedness. This cohort year, the Academy has formed regional working groups to enhance critical components of the regional mass casualty plans. Each of the working groups has identified a critical aspect of influenza pandemic preparedness and is developing a more detailed plan to implement that aspect during a pandemic response. For example: one region has chosen advance registration and credentialing of volunteers from the medical profession, and another region has chosen to develop a detailed plan for the organization, function, and staffing of an offsite medical care facility.

Reason for the Request

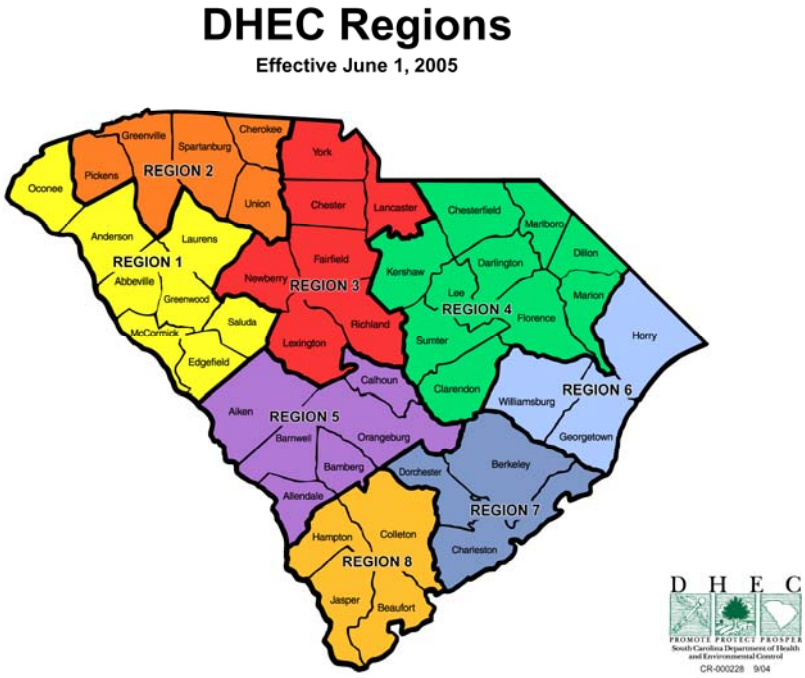
South Carolina requests $1,508, 881 in supplemental funds under the Centers for Disease Control and Prevention Cooperative Agreement for Public Health Emergency Preparedness, funding opportunity AA154, CFDA 93.283 for program operations to prepare for and respond to an influenza pandemic. This one-time emergency supplemental funding is requested because of the increased threat of a global influenza pandemic. Experts at the World Health Organization (WHO) and Centers for Disease Control and Prevention believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred. WHO uses a series of six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of

the need to launch progressively more intense preparedness activities. Each phase of alert coincides with a series of recommended activities to be undertaken by WHO, the international community, governments, and industry. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses. The world is presently in phase 3: a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans.

The Department of Health and Environmental Control, Office of Public Health Preparedness will be responsible for program management and administration. Program budget and accounting codes will be established to track Emergency Supplemental Pandemic Influenza program funds

Concurrence of Local Health Departments

South Carolina's public health agency is the state Department of Health and Environmental Control. Local health departments are a part of the state agency: all DHEC employees are state employees regardless of their geographic location. Geographically, the Department is organized into eight multi-county regions for public health and environmental services.



Concurrence of regional public health directors has been documented as required for all public health regions, serving 100% of the state's population. The vast majority of the Emergency Supplemental Pandemic Influenza program funds are budgeted for use in the

eight local regions to support regional, county and city, and sector-based planning, preparedness, and exercises at the community level. South Carolina's approach includes providing grant funds to each of the public health regions to achieve specified staffing and operational capabilities and to achieve critical capacities. A total of $954,255, or 63% of the state's pandemic influenza funds, is budgeted directly to the public health regions. In addition, the costs for printing, mailing, and multi-media development and production (a total of $375,000) will support the local initiatives as well. Region directors, administrators and public health preparedness directors participated in a telephone conference call and meetings to provide input to the proposal. Draft workplans and budgets were reviewed by regional management and changes were incorporated into the final application proposal. This planning process has assured that the needs of both the local and state public health entities are met. Concurrence letters are available to support this application.

2. ASSESSMENT OF STATE LEVEL PANDEMIC PREPAREDNESS

State Assessment Process

South Carolina conducted a web-based survey of State Pandemic Coordinating Council members, public health leaders and key preparedness program staff, using the DHHS "State and Local Pandemic Influenza Planning Checklist." A total of 247 individuals were invited to participate, and 46 completed responses were received. These responses formed the basis for the state baseline assessment included as attachment 4a Self-Assessment State. Items rated as "In Progress" or "Not Started" were identified as gaps. Planning discussions with the State Pandemic Influenza Coordinating Council were held in November 2005, January 2006, February 2006, and March 2006. These discussions identified local planning, community awareness and community preparedness as the priority areas that need to be addressed. Tasks were assigned to the four sub-committees of the state Pandemic Influenza Coordinating Council: Disease Control; Mass Casualty Response Planning; Agroterrorism and Food Safety; and Training. Four strategies were identified to address these priority gaps.

In addition to the survey results, the input from discussions of the State Pandemic Influenza Coordinating Council and information from CDC and HRSA progress reports and from key program staff were used to assess progress on the checklist items.

Local public health assessments will be conducted for each of the eight multi-county public health regions in April 2006. Results will be compiled and analyzed by the state headquarters staff, and submitted within the required time frames.

A second state and local assessment will be completed by the end of the project period in August 2006, to assess the progress made.

PANDEMIC INFLUENZA SUPPLEMENTAL GAP ANALYSIS RESULTS STATE PUBLIC HEALTH

Instructions:
Using the Gap Analysis Results template below, provide a brief summary of key gap(s) identified in each section of your State Self-Assessment tool. Provide a proposed approach (i.e. work plan overview) that describes how your state plans to fill the identified gaps. In addition, grantees are encouraged to provide responses to the bulleted items in section XII Performance Measures.

Approach and Justification of the Need for Additional Funding

South Carolina proposes the following approach and work plan to accomplish the CDC "Goals for Pandemic Influenza Preparedness," meet the recipient requirements, and perform the seven identified critical tasks. These are essential elements in public health emergency preparedness for a pandemic influenza outbreak. During the project period, four main strategies will be used to initiate and catalyze the development and exercising of pandemic influenza preparedness plans for local communities. These are:

1. Regional and local planning summits with follow-on planning meetings to complete local community plans for the counties and major cities and exercise these plans;
2. Region and local information-sharing meetings and community forums to promote awareness and preparedness in each of the following sectors: local government (counties and major cities in metropolitan statistical areas), education, business and agriculture, health care, faith-based organizations, community organizations, individuals and families.
3. A multi-media public awareness and preparedness campaign to inform and educate people about pandemic influenza prevention and preparedness measures and to alert the public and community leaders of the need to prepare local government and community plans;
4. Targeted multi-media campaigns and technical assistance to promote awareness and preparedness in each of the following sectors: local government (counties and major cities in metropolitan statistical areas), education, business and agriculture, health care, faith-based organizations, community organizations, individuals and families.

The detailed budget associated with the workplan is presented on the Grant Budget Application spreadsheet.

Section I:

Community Preparedness Leadership and Networking [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

Summary of Key Gap(s):

- Need for detailed, specific pandemic influenza response plans at the state and local levels
- Need for formal agreements with neighboring states, Indian Nations and southeast regional states
- Need to develop demographic profiles of communities
- Need to refine and test communication operational plan
- Need for community-level task forces that support health care institutions
- Need more detailed operational planning with animal health sectors

Proposed Approach(s):

State Pandemic Coordinating Council

South Carolina formed a State Pandemic Influenza Coordinating Council on November 18, 2005, with membership drawn from the State Bioterrorism Advisory Committee that was formed in November 2002. Members are familiar with influenza issues, as the Advisory Committee has been closely monitoring the avian influenza situation since 2004. Sub-committees are addressing key issues in pandemic influenza prevention and response. The sub-committees include: Mass Casualty Planning (responsible for overseeing state and regional mass casualty plans and preparedness measures), Training and Education (responsible for coordinating preparedness training programs statewide); Agroterrorism and Food Safety (responsible for emergency planning and coordination of preparedness measures related to agriculture, animal health and food safety), and Disease Control (responsible for disease control preparedness for pandemic influenza).

The State Pandemic Influenza Coordinating Council met in November 2005, January 2006, February 2006, and March 2006. It was responsible for planning the State Pandemic Influenza Summit, "SC Prepares: Pandemic Influenza," held on March 2, 2006. Significant input has been received from the Council in the planning process and the initial assessment for this pandemic influenza grant proposal.

Activities

1. Continue to hold meetings on a regular basis to guide development and implementation of pandemic influenza preparedness plans and measures.
2. Expand membership by inviting representatives from all identified stakeholder groups.
3. Improve participation in Council meetings by increasing publicity regarding the Council and its work.

4. Agroterrorism and Food Safety sub-committee of the Pandemic Influenza Coordinating Council is tasked with working on planning and public information issues related to animal health.
5. Mass Casualty Response Plan sub-committee of the Pandemic Influenza Coordinating Council is tasked with refinement of pandemic influenza planning templates for regional and local planning and oversight of plan integration.
6. The Disease Control Sub-committee of the State Pandemic Influenza Coordinating Council will study critical risk factors, epidemiologic data, public health interventions, and clinical management practices for pandemic influenza and will make recommendations for appropriate action.

Planning

South Carolina will continue to use the State Emergency Operations Plan as the overall planning framework. All state and county emergency operations plans use this framework which is NIMS compliant and well-integrated with the National Response Plan.

South Carolina cooperates closely with public health officials in the bordering states of North Carolina and Georgia on many aspects of emergency preparedness. Existing inter-state and regional mutual aid agreements will be reviewed and updated, and new agreements negotiated as necessary to address the contingency of a pandemic influenza outbreak. In addition, the Department collaborates closely with the National Guard, Veteran's Administration and US Military installations on emergency preparedness planning and response. Issues related to pandemic influenza will be coordinated with these partners.

State, region, county and major city emergency plans for pandemic influenza will be developed, updated, and improved. To achieve this objective, existing regional mass casualty plans for the eight multi-county public health areas will be updated to include improved pandemic influenza response plans. The regional planning committees are already comprised of key leaders in emergency management, health care, public health, law enforcement, and other organizations. These groups will be expanded to include broader representation and a series of planning summits and meetings will be held in each region to complete planning templates for each multi-county region, each county, and each major city in a metropolitan statistical area. This will assure that all major sectors are included in the regional and local community-wide planning processes. When regional and local plans are developed and improved through exercises including workshops, tabletops, drills and/or functional exercises, the focus will shift more intensely to informing the public about pandemic influenza and preparedness measures, and promoting planning by individuals, families and organizations through targeted information campaigns. Personnel and operating costs for pandemic influenza staff to perform these tasks include $210,333 for salaries; $67,307 for fringe; $9,698 for travel; $84,000 for computer equipment; and $3,800 for office supplies. Also, $594,010 is budgeted for the expenses associated with holding pandemic influenza summits, planning meetings, community meetings and other expenses associated with the planning, community awareness and preparedness activities.

Catawba Indian Nation: South Carolina has a contract under the HRSA Bioterrorism Hospital Preparedness program with the Catawba tribe for preparedness planning activities. This will be amended, to provide an additional $1,500 for pandemic influenza planning, awareness and preparedness measures. Concurrence with the Catawba Indian Nation has been documented in correspondence with the Executive Committee for Catawba Indian Nation and Public Works Coordinator. The tribe has been an active participant in the State Pandemic Influenza Coordinating Council, and will be engaged in pandemic influenza preparedness activities. In addition, the program plans extensive community outreach through organizations able to reach diverse segments of the population, including vulnerable and hard-to-reach populations, African-American, Hispanic, and members of other Indian tribes.

Activities

1. Hire additional DHEC regional staff (Program Coordinator II positions or equivalent) to support community pandemic influenza planning, awareness and preparedness efforts The sixteen regional pandemic influenza public health staff will work under the direction of Regional Public Health Preparedness Directors.
2. Hire two Pandemic Influenza Program Coordinators, one in the state Office of Public Health Preparedness and one in Health Services Management, to coordinate state level planning, update state pandemic influenza emergency operations plan, develop regional and county pandemic influenza planning templates, coordinate training and meetings of regional community health planners, and facilitate other pandemic influenza program activities. These staff are in addition to staff currently working on pandemic influenza issues as part of their duties for the CDC Public Health Emergency Preparedness program.
3. Select planning materials, including DHHS planning checklists from www.pandemic.gov and other national materials, and develop any South Carolina specific materials needed to support planning at the organization and community level.
4. Distribute planning materials to local governments, schools, businesses, health care providers, faith-based organizations and community organizations.
5. Coordinate regional and local planning summits with follow-on planning meetings to complete local community plans for the counties and major cities and exercise these plans.
6. Provide technical assistance for planning. Plans need to address key issues, including the cascading effects of school closure; continuity of operations in business and agriculture, government and other sectors; the needs of the elderly, chronically ill, and special needs groups; psychosocial and counseling needs; law enforcement activities; and mass fatality management.
7. Determine mechanisms for activating pandemic influenza plans and communicate these to emergency management partner organizations, the public and community.
8. Provide technical assistance to Department of Education for planning at the state, school district and individual school levels.
9. Promote pandemic influenza preparedness planning for individuals, families and organizations.

State Pandemic Influenza Summit

South Carolina held the "SC Prepares: Pandemic Influenza" statewide Pandemic Influenza Preparedness Summit in Columbia on March 2, 2006. Governor Mark Sanford signed a joint proclamation with Secretary Michael Leavitt of the United States Department of Health and Human Services to agree on state and federal responsibilities for pandemic influenza preparedness. There were 364 registered participants at the summit, representing the full range of stakeholders in pandemic preparedness. A mailing list for invitations was compiled of over 1,100 leaders from business and agriculture, education, health care, faith-based and community organizations, public health, state and local government. This list will be used for ongoing follow-up and sharing of information, as well as recruitment of potential advisory committee members at the state and local levels.

Activities

1. Send DHHS planning checklists and other state and federal pandemic influenza materials electronically to a range of target audiences
2. Establishing and maintaining a pandemic influenza speaker's bureau available for community meetings and training staff to respond to individual requests for information.
3. Creating regional and local planning teams for involvement in planning summits
4. Holding regional and local summits and meetings to prepare county and city plans and promote planning in targeted sectors (education, business and agriculture, faith communities, health care, and others);
5. Establishing contracts with partner organizations to maximize public awareness and participation in community-wide preparedness measures.

See also Section IX. Public Health Communications for related awareness and preparedness activities.

Section II:

Surveillance [HHS Supplement 1. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health. Preparedness Goal 5—Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Summary of Key Gap(s):

- Need to implement year-round influenza surveillance
- Need to improve capabilities to obtain and track information during a pandemic

Proposed Approach(s):

Funding for surveillance and laboratory services is provided in the CDC Public Health Emergency Preparedness Cooperative Agreement. The Division of Acute Disease Epidemiology and the Public Health Laboratory are prepared to continue influenza surveillance activities and have the ability through the Bioterrorism Surveillance Section and

Special Pathogens Laboratory to classify outbreaks as natural or terrorism. The Department has the ability to classify causes and risk factors through laboratory surveillance and epidemiology response. State and Regional Outbreak Response Teams are fully operational on a 24 hours per day, 7 days per week basis, and provide timely response to urgent disease reports of potential public health significance. The laboratory is capable of providing emergency laboratory services on a 24 hour / 7 per week basis.

Activities

1. The Department will continue to work closely with hospitals, physicians, other health care providers and partner agencies to improve disease reporting and investigation at the state, regional and local levels.
2. In the next project period, funds permitting, the program will examine the feasibility of increasing influenza surveillance and lab capacity so that it can perform year-round influenza surveillance and testing.

Section III:

Public Health and Clinical Laboratories [HHS Supplement 2. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.]

Summary of Key Gap(s):

- Need for more detailed operational planning for pandemic influenza
- Need for more detailed surge capacity planning

Proposed Approach(s):

Under the CDC Public Health Emergency Preparedness Cooperative Agreement, the program will continue epidemiological investigation of unusual respiratory illness and laboratory testing. The state has established a seasonal influenza surveillance system based on laboratory confirmation, rapid influenza test reporting, and provider reports of influenza like illness. Plans will be made to improve and expand this system under the base CDC Public Health Emergency Preparedness Cooperative Agreement, as funding permits.

Activities

1. Operational plans and surveillance and laboratory surge capacity will be reviewed and updated. Agency standard operating procedures for the pandemic influenza emergency operations plan are currently being revised.
2. In the next project period (FY 2006-07), funds permitting, the program will examine the feasibility of increasing surveillance and lab capacity so that it can perform year-round influenza surveillance and testing.
3. The program will promote increased hospital emergency room and laboratory sentinel testing for influenza in hospitals throughout the state.

Section IV:

Healthcare and Public Health Partners [HHS Supplement 3. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary of Key Gap(s):

- Need more detailed operational plans for pandemic influenza
- Need to have sufficient stockpiles of personal protective equipment, medicines and supplies for isolating and caring for influenza patients
- Need to address planning and exercising mortuary services for mass fatalities

Proposed Approach(s):

Pandemic influenza emergency operations plans will be developed, updated, and improved as described above in Section I. South Carolina proposes to invest in stockpiles of medicines, protective equipment for health care workers, and ventilators using a combination of CDC Public Health Emergency Preparedness, HRSA Bioterrorism Hospital Preparedness, CDC Emergency Supplemental Pandemic Influenza and state funds. Funds from the Emergency Supplemental Pandemic Influenza program in the amount of $38,777 will be used to purchase personal protective equipment for infection control to protect public health disease control personnel engaged in response. Contracts with partner organizations will be made to provide for rapid distribution of information on pandemic influenza countermeasures and health guidance to community members and targeted sectors.

Activities

1. Plan for location of stockpiles of antiviral drugs.
2. Plan for allocation of federal antiviral drugs to pre-positioned locations.
3. Purchase medicines and supplies for state and regional stockpiles.
4. Plan for logistics of distribution and dispensing of medicines and supplies.
5. Plan for greater involvement of the medical community in disease reporting, influenza surveillance, infection control and clinical management issues.
6. Plan for communication regarding countermeasures, self-care methods, emergency health information and health guidance for diverse population segments.
7. Prepare and exercise more detailed operational plans for mass fatality management.
8. Update and revise regional mass casualty response plans. (This task is supported by the HRSA Bioterrorism Hospital Preparedness program.)

Section V:

Infection Control and Clinical Guidelines [HHS Supplements 4 & 5. Preparedness Goal 6-Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary Key Gap(s):

- Need to educate healthcare providers regarding pandemic influenza
- Need more detailed operational plans for vaccine distribution and use
- Need to inform citizens regarding vaccination

Proposed Approach(s):
Funding for epidemiology and disease control measures is provided in the CDC Public Health Emergency Preparedness Cooperative Agreement and the HRSA Bioterrorism Hospital Preparedness Program. The Division of Acute Disease Epidemiology and the Public Health Laboratory are prepared to continue influenza surveillance activities and have the ability through the Bioterrorism Surveillance Section and Special Pathogens Laboratory to classify outbreaks as natural or terrorism. The Department has the ability to classify causes and risk factors through laboratory surveillance and epidemiology response. State and Regional Outbreak Response Teams are fully operational on a 24 hours per day, 7 days per week basis, and provide timely response to urgent disease reports of potential public health significance. The laboratory is capable of providing emergency laboratory services on a 24 hour / 7 per week basis.

Activities

1. The Department will continue to work closely with hospitals, physicians, other health care providers and partner agencies to improve disease reporting and investigation at the state, regional and local levels.
2. Program staff will review vaccination protocols and clinical management practices for pandemic influenza and will make changes in standard operating procedures as needed.
3. In the next project period, funds permitting, the program will examine the feasibility of increasing surveillance and lab capacity so that it can perform year-round influenza testing.

See Section IX. Public Health Communications for related awareness and preparedness activities.

Section VI:

Vaccine Distribution and Use [HHS Supplement 6. Preparedness Goal 6-Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary of Key Gap(s):

- Need to improve detailed operational plan for vaccine distribution, use and monitoring
- Need to better address the needs of the vulnerable and hard to reach populations
- Need to inform citizens about where they will be vaccinated

Proposed Approach(s):

Pandemic influenza emergency operations plans will be developed, updated, and improved as described above in Section I. Detailed standard operating procedures for pandemic influenza vaccination are presently under development. See Section IX. Public Health Communications for the workplan related to community awareness and preparedness activities.

Activity

1. Program staff will evaluate the feasibility of using the Counter-Measure Administration system for pandemic influenza vaccine distribution and monitoring.

Section VII:

Antiviral Drug Distribution and Use [HHS Supplement 7. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary of Key Gap(s):

- Need to improve and test the state plans for distribution of antiviral drugs during a pandemic via the Strategic National Stockpile

Proposed Approach(s):

The State Pandemic Influenza Coordinating Council has held some discussion of the issues regarding procurement, stockpiling, pre-positioning, and dispensing antiviral drugs. These issues are complex and will be discussed in depth by the Disease Control sub-committee of the council. Present plans are to seek state funding and permission to use state contingency funds for purchase of a quantity of antiviral drugs for a state stockpile to be managed by the public health agency. The amount of funding, the quantity of drugs to be purchased, and the logistical issues all remain to be determined. Decisions by the Department of Health and Environmental Control, with the advise of the Council, will be reached in time to meet the July 1, 2006 deadline for informing the project officer of the number of treatment courses to be purchased.

Detailed planning will be undertaken for pre-positioning of antiviral drugs supplies in anticipation of a pandemic. This planning will address allocation of antiviral drugs supplies to pre-positioned locations in anticipation of a pandemic. These plans will build on the existing state and regional plans for receiving, storing, distributing and dispensing medicines and supplies from the Strategic National Stockpile, the state public health and Metropolitan Medical Response System (Columbia) stockpiles. It is anticipated that plans will involve pre-positioning supplies in a variety of key locations so they will be readily available to treat patients served by hospitals, community health centers and physicians. It is anticipated that

state, regional and local stockpiles of antiviral drugs will be maintained by the State of South Carolina under direction of the Department of Health and Environmental Control.

Activities

1. Detailed planning will be undertaken for pre-positioning and allocation of antiviral drugs supplies in anticipation of a pandemic.
2. Plans will build on the existing state and regional plans for receiving, storing, distributing and dispensing medicines and supplies from the Strategic National Stockpile, the state public health and Metropolitan Medical Response System (Columbia) stockpiles.
3. Plans will address the pre-positioning and allocation of supplies to a variety of key locations so they will be readily available to treat patients served by hospitals, community health centers and physicians. It is anticipated that state, regional and/or local stockpiles of antiviral drugs will be maintained by the State of South Carolina under direction of the Department of Health and Environmental Control.
4. The project officer will be informed of the state's decision regarding the number of treatment courses to be purchased by the July 1, 2006 deadline.

Section VIII:

Community Disease Control and Prevention (including managing travel-related risk of disease transmission) [HHS Supplements 8 & 9. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary of Key Gap(s):

- Need to exercise state and local operational plans
- Need to exercise containment procedures for isolation and quarantine
- Need to inform public regarding possible containment measures, preventive and protective measures that might be used

Proposed Approach(s):

Pandemic influenza emergency operations plans will be developed, updated, and improved as described above in Section I. Risk communication about prevention and containment measures will involve the timely preparation of standard messages for public information, media releases and coordinated risk communication activity. Messages must be tailored to the specific language, communication channels and cultural needs of diverse population segments. Funding for basic risk communication activities is provided in the CDC Public Health Emergency Preparedness Cooperative Agreement. Specific pandemic influenza risk communication messages for community disease control and prevention of pandemic influenza will be developed under the CDC Emergency Supplemental Pandemic Influenza program. See Section IX. Public Health Communications for the workplan related to

community awareness and preparedness activities that will inform the public regarding possible containment measures, preventive and protective measures that might be used.

Activities

1. State, regional and local plans will be developed and improved through exercises including workshops, tabletops, drills and/or functional exercises, with specific exercises for isolation and quarantine containment procedures.
2. Preparation of messages on initial outbreak of pandemic influenza anywhere in the world, outbreak in North America, outbreak in United States, and outbreak in South Carolina.
3. Preparation of messages on initial detection and containment of avian influenza H5N1 in birds in North or South America, in the United States, and in South Carolina.
4. Preparation of media releases on containment measures to educate the public as situation warrants.
5. Provision of training in risk communication on pandemic influenza for regional Public Information Officers.
6. Development of contractual relationships with organizations for delivery of preparedness and risk communication messages to specific audiences and diverse population segments

Section IX:

Public Health Communications [HHS Supplement 10. Preparedness Goal 4—Improve the timeliness and accuracy of communications regarding threats to the public's health.]

Summary of Key Gap(s):

- Need to assess readiness to meet communications needs
- Need to plan and coordinate emergency communications activities with partner organizations
- Need to identify and train public health and partner agencies on risk communications for pandemic influenza
- Need to provide the public and targeted audiences with public information messages about preventive and protective measures.

Proposed Approach(s):

Awareness and Preparedness

Each multi-county public health region will devote significant effort to public awareness, education and community preparedness measures, including health promotion messages on influenza prevention; volunteer recruitment (especially medical personnel) for service during pandemic influenza response; public awareness messages on the need for pandemic influenza preparedness, preventive and protective measures, containment, and vaccination; and targeted communications for specific audiences. Multi-media materials for use across the

state will be developed and produced by the Department of Health and Environmental Control in cooperation with South Carolina Educational Television, with marketing consultation from a commercial advertising firm. The following funds are budgeted for the multi-media campaign activities: $75,000 for printing, $30,000 for mailing expenses and $270,000 for multi-media development and production expenses. A contract will be made with SC Educational Television for creative services and production of educational programs and audiovisual materials, public service announcements and targeted media campaigns for business and agriculture, education, community, individual and family audiences. A contract will be amended with the Ad Agency for consulting and planning services. Related activities will include:

Activities

1. Develop and implement a statewide multi-media campaign on preventive and protective measures.
2. Implement a pandemic influenza speaker's bureau from DHEC and partner agencies.
3. Production of standard presentations for speakers and materials.
4. Provide training for speakers and staff responsible for providing information to individuals.
5. Public television programs on pandemic influenza preparedness.
6. Preparation of public service announcements for television and radio.
7. Print information in various forms, including magazines, newspapers.
8. Messages to school children and parents.
9. Promotion of prevention messages including annual vaccination for seasonal influenza of health care and behavioral health workers, high risk groups, diverse segments of the community, and the general population; public information and targeted messages to promote cough etiquette, hand-washing and social distancing (ie. not going in to school or work when carrying the flu); information on the differences between seasonal and pandemic flu; information on home care, prevention, containment, vaccination, psychosocial consequences and other appropriate pandemic preparedness measures.
10. Preparation and distribution of information and planning materials for targeted audiences, including local government, business and agriculture, schools, health care sector, faith community, individuals and families.
11. Distribution of information for public health clinic clients, home care patients, community health centers, public and private facilities for special needs populations, faith-based initiatives and other institutions.
12. Conduct region and local information-sharing meetings and community forums to promote awareness and preparedness in each of the following sectors: local government (counties and major cities in metropolitan statistical areas), education, business and agriculture, health care, faith-based organizations, community organizations, individuals and families.

Section X:

Workforce Support: Psychosocial Considerations and Information Needs [HHS Supplement 11. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Summary of Key Gap(s):

- Need to develop continuity of operations plans
- Need to improve availability of psychosocial support services

Proposed Approach(s):

Preparedness for addressing the psychosocial consequences of disaster has been a key element in both the CDC Public Health Emergency Preparedness and HRSA Bioterrorism Hospital Preparedness programs. South Carolina has organized regional psychosocial teams and provided multiple training opportunities in disaster response for behavioral health and health care practitioners. Specific training related to pandemic influenza will be offered for medical and behavioral health providers. County/city pandemic influenza plans will also address psychosocial response and will encourage the development and fostering of psychosocial teams. Public, multi-media education will stress the importance of psychosocial consequences.

Activities

1. Training for addressing the psychosocial consequences of disaster, and specifically pandemic influenza, will be offered to public health, medical and behavioral health personnel under the CDC Public Health Emergency Preparedness and HRSA Bioterrorism Hospital Preparedness programs.
2. Review local emergency operations plans to see that psychosocial response is addressed.

5. DATA POINTS FOR THE PERFORMANCE MEASURES

Section XI:

Performance Measures:

All recipients:

- Number of days following the exercise of the State/Territory-level pandemic influenza preparedness plan required to complete an AAR highlighting needs for corrective action (Target: 60 days). Los Angeles County, New York City, Chicago, and the District of Columbia should exercise and develop an AAR regarding the respective municipal plans.

  - Provide baseline data for this measure if applicable

South Carolina has conducted three state-level pandemic influenza tabletop exercises involving the State Emergency Response Team that staffs the State Emergency Operations Center during activation. The exercises were designed to test the State Emergency Operations Plan, Mass Casualty Annex, Pandemic Influenza plan. All Emergency Support Functions participated in the exercises, which were held on January 18, 2006; February 1, 2006; and February 14, 2006. The After-Action Report for this series of related exercises is in preparation and will be completed by April 14, 2006, within the 60-day performance metric. Findings and recommendations from the report will be used to guide revisions to the state pandemic influenza plan.

- Describe your state's plan to evaluate this measure

The completed after-action report for the state exercise will be reviewed by program staff, who will incorporate the findings into the next version of the state pandemic influenza plan. During the project period, South Carolina proposes to complete two additional state level tabletop exercises of the pandemic influenza plan. One exercise will be conducted with the State Pandemic Influenza Coordinating Council on May 19, 2006 to engage the state advisory board in the emergency operations plan and identify outstanding issues that need to be better addressed. A second tabletop exercise will be scheduled by August 2006 for the State Public Health Emergency Plan Committee, a group tasked by state statute with advising the Governor in the event of a public health emergency. After-action reports will be prepared for each of these exercises within the 60-day performance metric

State and Territories Only:

- Number and percentage of municipalities or other communities within the recipient jurisdiction that have developed a written community-wide plan for pandemic influenza preparedness (Target: 80%)

  - Describe how your state will define municipalities and other communities

For the purposes of local government emergency preparedness planning, "communities" will be defined as counties and major cities. There are 46 counties and six areas of the state within Large Metropolitan Statistical Areas. In South Carolina, the LMSAs include: Columbia, population 679,000 (2004 US Census estimate); Greenville, population 584,000 (2004 US Census estimate); Charleston-North Charleston, population 583,000 (2004 US Census estimate); and Spartanburg, population 264,000 (2004 US Census estimate). (Two areas of South Carolina are in LMSA's with adjoining states: Rock Hill is in the Charlotte-Gastonia-Concord NC-SC LMSA, population 1,475,000 (2004 US Census estimate) and Aiken is in the Augusta-Richmond County GA-SC LMSA, population 515,000 (2004 US Census estimate). These inter-state border cities will coordinate county plans with the metropolitan area of the neighboring states.)

Each of these counties and cities has an all hazards emergency operations plan that is integrated with the State Emergency Operations Plan: this forms the emergency

planning and response framework for the state. A planning template will be developed for use by the counties and cities for the process of updating emergency operations plans to include pandemic influenza preparedness measures.

- Provide baseline data for this measure if applicable

A survey of regional public health preparedness directors revealed that no county or LMSA presently has a specific, detailed operational plan for pandemic influenza response (0/50). All counties and cities have all-hazards emergency operations plans that could be invoked to guide coordination of response activities at the county and city levels.

- Describe your state's plan to evaluate this measure

At the conclusion of the project period, regional public health preparedness directors will be surveyed to determine which counties and cities have completed their pandemic influenza emergency operations plans. The plans will be reviewed at the regional level by the regional Mass Casualty Response Plan committees.

- **Number and percentage of municipalities or other communities within the recipient jurisdiction that have exercised their pandemic influenza plans and prepared after action reports AARs (Target: 80%)**

  - Describe how your state will define municipalities and other communities

For the purposes of local government emergency preparedness planning, "communities" will be defined as counties and major cities. There are 46 counties and six areas of the state within Large Metropolitan Statistical Areas. In South Carolina, the LMSAs include: Columbia, population 679,000 (2004 US Census estimate); Greenville, population 584,000 (2004 US Census estimate); Charleston-North Charleston, population 583,000 (2004 US Census estimate); and Spartanburg, population 264,000 (2004 US Census estimate). (Two areas of South Carolina are in LMSA's with adjoining states: Rock Hill is in the Charlotte-Gastonia-Concord NC-SC LMSA, population 1,475,000 (2004 US Census estimate) and Aiken is in the Augusta-Richmond County GA-SC LMSA, population 515,000 (2004 US Census estimate). These inter-state border cities will coordinate county plans with the metropolitan area of the neighboring states.)

  - Provide baseline data for this measure if applicable

A survey of regional public health preparedness directors revealed that no county or LMSA presently has exercised a specific, detailed operational plan for pandemic influenza response (0/50). Over the past two years, a number of hospital exercises have been held that used a pandemic influenza scenario.

- Describe your state's plan to evaluate this measure

At the conclusion of the project period, regional public health preparedness directors will be surveyed to determine which counties and cities have completed their pandemic influenza emergency operations plan exercises and prepared after-action reports. The after-action reports will be reviewed at the regional level by the regional Mass Casualty Response Plan committees.